

Stepwise Approach to Therapy:

Assessing Control (0-4 yo)

Components of Control		Classification of Asthma Control (0–4 years of age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	1/month	>1x/month	>1x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
Risk	Exacerbations	0–1 per year	2–3 per year	>3 per year
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment (See figure 4-1a for treatment steps.)		<ul style="list-style-type: none"> • Maintain current treatment. • Regular followup every 3–6 months. • Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> • Step up (1 step) and Reevaluate in 2–6 weeks. • If no clear benefit in 4–6 weeks, consider alternative diagnoses or adjusting therapy. • For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> • Consider short course of systemic oral corticosteroids, • Step up (1–2 steps), and Reevaluate in 2 weeks, • If no clear benefit in 4–6 weeks, consider alternative diagnoses or adjusting therapy. • For side effects, consider alternative treatment options.

Stepwise Approach to Therapy:

Assessing Control (5-11 yo)

Components of Control		Classification of Asthma Control (5–11 years of age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤ 2 days/week but not more than once on each day	> 2 days/week or multiple times on ≤ 2 days/week	Throughout the day
	Nighttime awakenings	≤ 1 x/month	≥ 2 x/month	≥ 2 x/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤ 2 days/week	> 2 days/week	Several times per day
	Lung function <ul style="list-style-type: none"> FEV₁ or peak flow FEV₁/FVC 	$> 80\%$ predicted/personal best $> 80\%$ predicted	$60\text{--}80\%$ predicted/personal best $75\text{--}80\%$ predicted	$< 60\%$ predicted/personal best $< 75\%$ predicted
Risk	Exacerbations	0–1 per year	2–3 per year	> 3 per year
	Reduction in lung growth	Evaluation requires long-term followup.		
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment (See figure 4-1b for treatment steps.)		<ul style="list-style-type: none"> Maintain current step. Regular followup every 3–6 months. Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> Step up at least 1 step and Reevaluate in 2–6 weeks. For side effects: consider alternative treatment options. 	<ul style="list-style-type: none"> Consider short course of systemic oral corticosteroids, Step up 1–2 steps, and Reevaluate in 2 weeks. For side effects: consider alternative treatment options.

Stepwise Approach to Therapy:

Assessing Control (12+ yo)

Components of Control		Classification of Asthma Control (≥12 years of age)		
		Well Controlled	Not Well Controlled	Very Poorly Controlled
Impairment	Symptoms	≤2 days/week	>2 days/week	Throughout the day
	Nighttime awakenings	≤2/month	1–3/week	≥4/week
	Interference with normal activity	None	Some limitation	Extremely limited
	Short-acting beta ₂ -agonist use for symptom control (not prevention of EIB)	≤2 days/week	>2 days/week	Several times per day
	FEV ₁ or peak flow	>80% predicted/ personal best	60–80% predicted/ personal best	<60% predicted/ personal best
	Validated questionnaires ATAQ ACQ ACT	0 ≤0.75 ≥20	1–2 ≥1.5 16–19	3–4 N/A ≤15
Risk	Exacerbations	0–1 per year	2–3 per year	>3 per year
	Progressive loss of lung function	Evaluation requires long-term followup care		
	Treatment-related adverse effects	Medication side effects can vary in intensity from none to very troublesome and worrisome. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.		
Recommended Action for Treatment (see figure 4–5 for treatment steps)		<ul style="list-style-type: none"> • Maintain current step. • Consider step down if well controlled for at least 3 months. 	<ul style="list-style-type: none"> • Step up 1 step and Reevaluate in 2–6 weeks. • For side effects, consider alternative treatment options. 	<ul style="list-style-type: none"> • Consider short course of systemic oral corticosteroids, • Step up 1–2 steps, and • Reevaluate in 2 weeks. • For side effects, consider alternative treatment options.